

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



June 15, 1999

COUNTY FISCAL LETTER (CFL) NO. 98/99-67

TO: COUNTY WELFARE DIRECTORS  
COUNTY FISCAL OFFICERS  
COUNTY AUDITOR CONTROLLERS  
COUNTY PROBATION OFFICERS

**SUBJECT: ASSISTANCE CLAIM BACK-UP DOCUMENTATION FOR  
ALL OUT-OF-STATE FOSTER CARE PLACEMENTS**

The purpose of this CFL is to inform counties of the new requirement to include back-up documentation for all out-of-state Foster Care placements.

As a result of a recent review of federal foster care claims, the Department of Health and Human Services (DHHS), Region IX recommended that the California Department of Social Services (CDSS) require counties to submit additional back-up documentation for children placed out-of-state with the Foster Care Assistance claims. Pursuant to Welfare and Institutions Code Section 11210, County Welfare Departments receiving aid on behalf of children under their placement and care shall provide the Department with all information required to assure correctness and verification of federal claiming reports. Therefore, new out-of-state placement back-up documentation will be required by the CDSS to ensure that no federal, state, or local funds are paid to out-of-state facilities that have not been certified or determined by DHHS to be a detention facility.

Effective with the July 1999 foster care assistance claims, counties are to include back-up documentation identifying all out-of-state placement facilities and associated costs on the new FC 1B, Foster Care Out-of-State Facility Report form (Attached). These facilities and associated costs are no longer to be reported on the FC 1, Foster Care Facility Amounts Not Reimbursable From Federal Funds form. When filling out the form, counties will identify each facility, the location of the facility, total number of placements, type of payment, and total aid paid. Counties must also highlight which placement costs were paid for with county only funds. Detailed instructions are listed on the reverse side of the FC 1B form.

The above information must be provided for all out-of-state Foster Care placements, even county-only. The form is to be submitted in addition to and not in place of the back-up documentation already required for the Foster Care Assistance Claims listed below (reference CFL No. 91/92-17 dated October 2, 1991, and CFL No. 94/95-39 dated January 31, 1995). Please note that county-only expenditures should appear on the FC 1B only and should not be included with the federal or state eligible costs on the Assistance Claims listed below. The FC 1B must be submitted as an attachment to the following Foster Care Assistance Claim forms: CA 800 FC (FED), CA 800 (FED-Voluntary FC), CA 800A FC (NONFED), CA 800 (EA), and CA 1019 (SED).

The FC 1B only needs to be submitted as back-up to the above referenced claim forms when counties have out-of-state placements. If a county has no out-of-state placements in a given month, the FC 1B form need not be submitted. The CDSS will be adding check boxes in the future to the above claims that will be used as a certification by counties that there are no out-of-state placement costs included in the assistance expenditures being reported. This will avert the need for a blank FC 1B form or other type of separate certification to be submitted with each claim when there are no out-of-state placement costs.

Counties will continue to be notified of ineligible facilities in All County Letters and individual county letters issued by the CDSS Foster Care Branch. The CDSS County Assistance Claim Unit will use these letters in their review of the FC 1B forms. If costs are listed for a facility that has been identified as ineligible, those costs will be cut from the claim and counties will be notified in writing.

If you have any questions regarding this CFL, please contact your Fiscal Policy Bureau County Analyst or call (916) 657-3440.

***Original Document Signed By  
George E. Peacher, Jr., on 6/15/99***

GEORGE E. PEACHER, JR., Chief,  
Fiscal Systems and Accounting Branch

Attachment  
c: CWDA

## FOSTER CARE OUT-OF-STATE FACILITY REPORT

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

COUNTY		DATE (MONTH, YEAR)			
A. FACILITY NAME	B. LOCATION	C. PROGRAM NUMBER	D. PAYMENT TYPE	E. PERSONS COUNT	F. AID PAID
TOTALS					

**INSTRUCTIONS FOR USE OF FORM CA 800 FC 1B  
FOSTER CARE OUT-OF-STATE FACILITY REPORT**

This FC 1B is to be submitted on a monthly basis as back-up to the CA 800 FC (FED), CA 800 (FED-Voluntary FC), CA 800A FC (NONFED), CA 800 (EA), and CA 1019 (SED) when there are funds paid to out-of-state foster care facilities. If there are no funds paid to out-of-state facilities for the month, the FC 1B does not need to be submitted with the associated assistance claim form listed above.

1. Enter county name and month/year of report in space provided.
2. Enter facility name in column A.
3. Enter State in which facility is located in column B.
4. Enter the facility program number in column C.
5. Enter payment type listed below in column D.
  - C – Current
  - R – Revised
  - P – Prior Month
  - O – Original
6. Enter the number of children placed in the facility in column E.
7. Enter the total amount of aid paid to the facility in column F and either highlight in bold or with an asterisk the placement costs paid for with county only funds.
8. Total all amounts listed in columns E and F.